

ARIZONA RADIATION REGULATORY AGENCY R F D A T A F O R M

INSTRUCTIONS - Complete all items in this data sheet for licensing a new facility or the renewal or amendment of an existing license. Use one data form for each RF Device. Retain a copy of this data sheet for your records. Attach this data sheet to your NONIONIZING RADIATION LICENSE APPLICATION and mail to: Arizona Radiation Regulatory Agency, 4814 South 40th Street, Phoenix, Arizona 85040. Upon approval of the application, the applicant will receive a Nonionizing Radiation License issued in accordance with the requirements contained in Arizona Administrative Code. This data form is for use by RF device facilities. Other facility types are required to use forms provided by the Agency.

1. NAME AND ADDRESS OF LICENSEE:	* 2. ADDRESS AT WHICH DEVICE(S) WILL BE USED:
	* *
	*
	*
	* *
TELEPHONE NUMBER:	* * *
3. PERSON TO CONTACT REGARDING THIS DATA FORM	* 4. THIS IS DATA FOR AN APPLICATION FOR: (Check appropriate item)
	* G NEW LICENSE
	* * G RENEWAL OF LICENSE NO
	* * G AMENDMENT TO LICENSE NO
TELEPHONE NUMBER:	* *
5. RF DEVICE IDENTIFYING INFORMATION:	* 6. RF DEVICE STRENGTH AND TYPE:
MANUFACTURER:	* * DEVICE OUTPUT POWER:
METHOLICIONER.	*
MODEL NUMBER:	* DUTY CYCLE:
SERIAL NUMBER:	* PRINCIPAL FREQUENCY:
Administrative Code, Title 12, Chapter 1, and that all information contain	applicant named in item 1, certifies that this application is prepared in conformity with Arizona and on the form, including any attachments, is true and correct to the best of his or her knowledge to on behalf of the applicant agrees to conform to the Statutory and Administrative requirements
(TVDE OD DDD/T NAME OF CEDITIVADIO OFFICIAL)	BY:
(TYPE OR PRINT NAME OF CERTIFYING OFFICIAL)	(SIGNATURE)
	DATE

RETAIN A COPY FOR YOUR RECORDS

(TITLE OF CERTIFYING OFFICIAL)